Chester County Disaster Help Request

This information will be forwarded by the Chester County Department of Emergency Services to non-profit and other aid/faith based organizations that may have the ability to meet your needs following a disaster. Filling out this form does not guarantee that any organization will be able to meet your need(s).

Date: __________

Name: ______________________ Phone number: ______________________

Email: ______________________

Address: ______________________

City: __________ State: _____ Zip: __________

County: __________ Municipality: __________

Type of Property: Single family □ Multi-family □ Mobile home □

Ownership: Own □ Rent □ Unknown □

What type of insurance do you have? ______________________

Ages of everyone living in the home: ______________________

Description of damages:

________________________________________________________________

________________________________________________________________

________________________________________________________________

Have you reported your damage to your municipality? Yes □ No □

Can you stay in your home? Yes □ No □

If not, do you have somewhere to stay? Yes □ No □

Do you have any water damage in your house? Yes □ No □

If yes, floors affected and depth: ______________________

Do you need emergency food? Yes □ No □

Do you need drinking water? Yes □ No □

Do you need help removing fallen trees and/or debris? Yes □ No □

Do you need help cleaning out? Yes □ No □

Please complete both sides of the form. Thank you!
Describe the work that you are requesting:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please describe any special circumstances (Disaster related injuries or deaths, non-English speaking, on-going treatment for illness, special needs individuals, etc.):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I, _____________________________ hereby voluntarily release the information contained in this form to be provided to Southeastern Pennsylvania Voluntary Organizations Active in Disaster (SEPA VOAD), all partner agencies, and local emergency management, for the express and singular purpose of their efforts to review my disaster needs.

Signature: ___________________________ Date: ______________

*Note: If you are collecting this information over the phone please obtain verbal consent and indicate above.

Please return this form to the Chester County Department of Emergency Services.

Fax: (610) 344-4111

Email: chestercountyec@chesco.org

Please put “Disaster Help Request” in the subject line

Mail: Chester County DES
     P.O. Box 2747
     West Chester, PA 19380
     Attn: Disaster Help Request

Please complete both sides of the form. Thank you!